Moores Mill Animal Hospital

Employee Application

Personal Information

Date: _____ Name: _____

Present Address: _____

Phone Number: _____ SSN: _____

E-Mail Address:_____ Referred by:_____

Employment Desired:

Position: _____ Start Date: _____ Salary desired: _____

Are you a student? Yes☐ No☐ If so, list available hours: _____

Do you have any issues working weekends and holidays? Yes☐ No☐

Are you able to work overtime? Yes ☐ No ☐

Besides school, do you have other commitments that will take you from work: Yes ☐ No ☐

If yes, please explain. _____

Are you currently employed? Yes☐ No☐ If yes, where? _____

May we contact your present and previous employers? Yes☐ No☐

Past Employment (last four places of employment)

Name	Location and phone number	Position Held	Dates of Employment	Reason for Leaving

Education

	Name	Years attended	Graduation Year	Major
High School				
College				
College				

Are you proficient in any foreign languages? If so, what language? Other _____

General

U.S. Military or Naval Service? Yes ☐ No ☐

Rank: _____ Division: _____

If hired, can you furnish proof of age? Yes ☐ No ☐ Proof of Citizenship? Yes ☐ No ☐

Do you use tobacco products? Yes ☐ No ☐ Do you claim the use of tobacco on insurance? Yes ☐ No ☐

What are your strengths?

_____

_____

What are your weaknesses?

_____

_____

What do you hope to gain through your time here?

_____

_____

Give an example of how you are a team player.

_____

_____

References (please do not list family):

Name	Phone	Relationship to you	Years Known

The Age Discrimination and Employment Act of 1957 prohibits on the basis of age with respect to individuals who are at least 18, but less than 65.

I authorize investigation of all statements contained in this application. I understand that misrepresentation of omission of facts called for is cause for dismissal. Further, understand and agree that my employment is for no definite period, and may regardless of the date of employment or my wages and salary, be terminated at any time without any previous notice.

Signature: _____ Date: _____

Rental Property Screening, LLC

(800) 257-0762
(334) 745-2003
Fax (334) 745-2066
http://rentalpropertyscreening.com

EMPLOYMENT SCREENING INQUIRY FORM

APPLICANT

NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____

OTHER NAME(S) USED _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

SOCIAL SECURITY NUMBER _____

BIRTH DATE: MONTH _____ DAY _____ YEAR _____

DRIVERS LICENSE NUMBER _____ YEAR _____

AUTHORIZATION

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries to Rental Property Screening, LLC (RPS) a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence, or drug related offenses reported to RPS by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and RPS to disseminate such report(s) to Employer during any period(s) while I may be employed by Employer. I hereby authorize Employer to make further like inquires to RPS as Employer may, from time to time, deem necessary for employment purposes. I also hereby authorize RPS, any such governmental agency, any such credit bureau, and any such Prior Company to issue such reports in response to Employer's inquiry(ies). I waive any further notice with respect to Employer's inquires or with respect to such governmental agencies, such Prior Companies, such credit bureaus, or RPS dissemination of any such report(s). I hereby generally release and fully discharge RPS, every such governmental agency, every such credit bureau, and every such Prior Company from any against all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to employer by RPS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling RPS at the address or telephone numbers listed above.

☐ I certify that the aforementioned applicant has signed and agreed to these conditions on the date listed on this form and can provide a copy of said signed Agreement upon request.

_____
DATE AUTHORIZED / SIGNATURE

COMPANY

COMPANY _____ LOCATION _____

INTERVIEWER _____ RETURN FAX NUMBER _____

SCREENING SERVICES REQUESTED (PLEASE CHECK):

☐ RPS SCREENING ONLY ☐ CRIMINAL CONVICTION SEARCHES ☐ CREDIT REPORT ☐ SOCIAL SECURITY NUMBER VALIDATION

☐ ALABAMA STATEWIDE

☐ OTHER STATES AND COUNTIES (Please List) _____

☐ Company's Certification: Company hereby certifies to RPS that it is requesting a consumer credit report(s) on the applicant named above and that Company will use that report(s) only for employment purposes.

EQUAL HOUSING OPPORTUNITY

Rental Property Screening, LLC
2108 A Gateway Drive
Opelika, Alabama 36801